

## **Associations Between Leadership Style and Employee Resistance To Change in a Healthcare Setting**

### **Researcher(s):**

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### **Abstract:**

**Introduction:** Health reform is forcing healthcare administrators to make rapid changes. A tendency to resist change can present problems for these organizations, including the large, not-for-profit Catholic healthcare systems. In order to make positive contributions towards healthcare, it's important to recognize the nature of the organization's involvement to change. The transformational leadership style has been shown to be positively correlated with change however, the relationship among leadership styles, employees' behaviors, and motivation to change are still not well understood and require further study. Further, although Oreg's Resistance to Change (RTC) approach has been researched in direct patient care areas, RTC research in non-patient settings is lacking and necessary in delivering the full spectrum of patient care. This study focused on the relationship of transformational leadership to RTC and if the relationships leaders' have with subordinates' influence change. A customized survey that included the Multifactor Leadership Questionnaire, RTC, and Leader Member Exchange (LMX 7) was emailed to 500 random individuals of various ages and races from 3 non-patient areas. Thirty leaders and 133 raters responded. The regression analysis showed a strong correlation between transformational leadership and RTC. Additionally, each of the variables from the LMX 7 section of the survey showed associations indicating the relationship leaders develop with their subordinates and leader transformational scores were positive. This study may contribute to the awareness of RTC and utilizing transformational leadership style to move change in a positive direction for a healthcare setting.

**Background:** The Old Testament was the first to introduce changes in traditional law which led to the first documentation of organizational change (Burke, 2011). Today, different approaches and theories are used by healthcare organizations to impact change. Change is often feared in healthcare organizations, which makes it even more difficult to occur. With the fast rate of change among healthcare organizations (Burke, 2011), it is important to discover a way to overcome resistance to it. Currently, organizations are at risk of losing an average of \$135 million dollars for every \$1 billion invested (Langley, Smallman, Tsoukas, & Van de Ven, 2013). For many years, leaders have served to overcome hurdles and lead organizations toward achievements.

Change occurs both in small increments and with leaps and bounds. Change is usually not incremental; it can be nonlinear (Burke, 2011). The health care industry is known for advancements to occur daily; therefore, preparation for change can be complicated at times. Health care usually follows an evolutionary change pattern, which involves organizational strategic planning and careful development; the mission acts as the primary entity making change (Burke, 2011). With change occurring rapidly and with reimbursement driving the healthcare organization to change, a leader's influence remains a factor. According to Al-Swidi (2012), transformational leadership can improve employees' behaviors. There is, however, a gap in the association between a not-for-profit Catholic healthcare organization, transformational leadership, and the ability to motivate people to change.

**Goals:** The purpose of this quantitative study determined (a) whether transformational leadership is associated positively with change in a not-for-profit Catholic organization, and (b) whether leadership has an influence on employees' behaviors and motivation to change. Leadership qualities are not acquired genetically, therefore making leadership a learned behavior. The potential findings of this research will contribute to social change in several ways. First, if leadership style is tied to employees' behaviors, such knowledge may improve collaboration among healthcare organizations implementing change. Thus reducing unnecessary costs. Second, few studies have been done on the effects of transformational leadership behaviors in a not-for-profit, Catholic healthcare organization. The results of this study could help leaders understand what leadership style can motivate change in a not-for-profit, Catholic healthcare organization. Third, the relationship between leadership styles, employees behaviors, and motivation to change is not well understood. This study is expected to contribute to the growing knowledge of different leadership styles and change management at a departmental level in a specific type of healthcare organization.

**Research Questions and Hypotheses:** Based on answers to the questionnaires, this project sought to clarify the following questions: (a) How do leaders dictate changes in a healthcare setting, using transformational leadership, when faced with resistance to change? (b) Do leaders' relationships with subordinates influence change in a healthcare organization? The primary independent variable in this study was leadership style and the dependent variable was resistance to change.

This research addressed two hypotheses. First, in order to evaluate the null hypothesis, the alternate hypothesis was considered. For this study, the alternate hypothesis of the population parameter was greater than the claimed in both hypotheses.

Ha:  $>$ . If the null hypothesis is rejected, the alternate hypothesis will be used. In Research Area 1 (answering the first research question), the instrument analysis, the null hypothesis (H01) was that there is no difference in the factor structures of the RTC questionnaire and the MLQ. Finally, in Research Area 2 (answering the second research question), the individual respondent level, the null hypothesis (H02) was that there is no association between leader-follower relationships and leaders' transformational leadership scores.